

CHANGES IN THE ACTIVITIES OF HEALTH RESORTS ENTERPRISES IN THE CONTEXT OF ITS BUSINESS MODEL

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Abstract: The aim of the article is to analyze the activities of health resorts enterprises in the context of necessary changes in the structure elements of spa business models. The classification basis of the perceived changes were literature factors stimulating the construction and reorganization of business models. The analysis of factors was based on literature reports and direct observation regarding the activities of spa enterprises.

Keywords: spa, structure, components, business model.

ZMIANY W DZIAŁALNOŚCI PRZEDSIĘBIORSTW UZDROWISKOWYCH W KONTEKŚCIE ELEMENTÓW ICH MODELI BIZNESU

Streszczenie: Celem artykułu jest dokonanie analizy działalności przedsiębiorstw uzdrowiskowych w kontekście koniecznych zmian w elementach struktury uzdrowiskowych modeli biznesowych. Podstawą klasyfikacyjną dostrzeganych zmian były literaturowe czynniki stymulujące budowanie i reorganizację modeli biznesu, natomiast analizę czynników oparto na doniesieniach literaturowych i obserwacji bezpośredniej dotyczącej działalności przedsiębiorstw uzdrowiskowych.

Słowa kluczowe: uzdrowisko, struktura, komponenty, model biznesowy.

1. Introduction

Spa enterprises, and especially the Health Resorts Base (HRB) which are the basic economic units of the spa sector, are struggling with the consequences of changes of a diverse nature. These are both changes in the spa product as well as changes in the way the state

finances spa activity, demographic changes in the structure of recipients of a spa product, and even ownership changes resulting from the privatization¹. These changes have been observed for almost three decades, but with them, there is no evolution of business models introduced to spa enterprises with the coming of a market economy. The main purpose of the article is to analyze the activities of spa enterprises in the context of necessary changes in the elements of the structure of their business models. The classification basis of the perceived changes were literature factors stimulating the construction and reorganization of business models², while the analysis of factors was based on literature reports and direct observation regarding the activities of spa enterprises in Poland. On this basis, many postulates of changes in the structure of currently used business models have been formulated, which is also a contribution to future empirical research on business models of spa enterprises.

2. Overview of key changes in the spa sector in the 20th and 21st centuries

The dynamics of the development of spa services is increasing with every century. Progress in the field of spa treatment and then spa tourism has made that the original spa plants functioning seasonally, based on the so-called trips to waters, nowadays take the form of relaxation therapies with biological and spiritual renewal. In times of planned economy, ie until 1989, trips to health resorts were usually associated with the need for treatment and rehabilitation of ailments or remedying the absenteeism of industrial plant employees³. Then, at the turn of the 20th and 21st centuries, the emphasis was placed on the preventive function of spa treatment. Currently, the function of spas has been extended with treatments taken out of pleasure, not only out of necessity and for treatment or prophylactic treatment.

The organization of spa treatment and spa tourism is also slowly evolving. This applies to both organizational aspects in the improvement of the ways of providing spa and economic services related to the marketization of spa and social activities, closely related to the implementation of social objectives within the health care system, but also with the consequences of the privatization of spa enterprises⁴.

The medical aspect of spa treatment is not without significance as it is still a poorly appreciated method of treating chronic diseases, and in addition there is an evolutionary

¹ A. Szromek, *Działalność turystyczno-lecznicza Zakładów Lecznictwa Uzdrowiskowego. Transformacja działalności przedsiębiorstw uzdrowiskowych w latach 1989-2010*. Wyd. Proksenia, Kraków 2011, s. 85-114.

² M. Sławińska (red.), *Modele biznesu w handlu detalicznym*. Wyd. UE w Poznaniu, Poznań 210, s. 49.

³ G. Ogarek, *Uzdrowiska. Organizacja i formy świadczeń*. Instytut Wydawniczy CRZZ, Warszawa 1973, s. 9-10.

⁴ A. Szromek, P. Romaniuk, A. Hadzik, *The privatization of spa companies in Poland – An evaluation of policy assumptions and implementation*. *Health Policy*, Volume 120, Issue 4, 2016, pp. 362-368.

change in the ways of conducting natural therapy treatments and including beauty treatments in the spa offer.

The organizational aspect is of great practical importance to the service activity. The dichotomy of the purpose of improving the organization of therapeutic practices and the service of the spa movement is related to both the economic effects of spa enterprises and the perception of stay by patients and tourists. In the era of perceiving spa activity through the prism of economic effects and consumption of services, proper organization of spa services is not so much a possibility as the obligation of a modern spa enterprise, because it enables achieving a competitive advantage.

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Some Polish researchers⁵ note that the national spa treatment, considered from the point of view of the tourism market, is the traditional trend, while the prevention (by practicing health tourism in spas) - modern trend. This is a view that is also present in foreign literature. P. Erfurt-Cooper i M. Cooper⁶ have noticed that over the centuries, the spas have evolved in terms of their role from the areas that deal with diseases to the role of areas that make it possible to avoid disease (prophylaxis). In many countries, the transformation took place after the Second World War, although in some countries it only proceeded from full political independence.⁷

Specifying the range of services that should be included in the new trend integrating health resort treatment with tourism directed primarily at prevention or regeneration is a key source of controversy in the acceptance of this trend. New solutions combining the richness of science in the area of spa treatment with the tourist health prophylaxis offer are confused with the transformation of health resorts into holiday and congress centers.

⁵ A. Hadzik, *Funkcje uzdrowisk górskich*, [w:] *Rozwój funkcji turystycznej i rekreacyjnej polskich obszarów górskich*. I. Jędrzejczyk (red. nauk.) Wyd. AWF, Katowice 2002, s. 71, P. Kalmus, *Lecznictwo w funkcjonowaniu uzdrowisk. Uzdrowiskowy Produkt Turystyczny*. Wydawnictwo Centrum Edukacji Kadr w Krakowie Departamentu Gospodarki Turystycznej Urzędu Kultury Fizycznej i Turystyki w Krakowie, Kraków, 1998, s. 75, M. Napiórkowska-Gzula: *Usługi lecznictwa uzdrowiskowego jako element rozwoju produktu turystycznego*, [w:] *Uzdrowiskowy Produkt Turystyczny*, Wyd. Centrum Edukacji Kadr w Krakowie Departamentu Gospodarki Turystycznej Urzędu Kultury Fizycznej i Turystyki, Kraków 1998, s. 27.

⁶ P. Erfurt-Cooper, M. Cooper, *Health and Wellness Tourism Spas and Hot Springs*. Channel View Publication, Toronto 2009, p. 4.

⁷ A.R. Szromek, A. Kapczyński, *Hypotheses concerning the development of Polish spas in the years 1949-2006*, [in:] *Tourism Management* 29 ELSEVIER 2008, p. 1035-1037.

Spa stays in health resorts are a very popular form of spending free time during holidays, but also an important element of pro-health activity both in the individual and social dimension. The popularity of health resorts is subject to a specific fluctuation caused by historical events, changes in the fashion for a healthy lifestyle, as well as systemic changes in health care and the economy of the state.

Looking at the spa attendance over the last 100 years, we can see a steady growing trend in the number of visitors to Polish spas.⁸ In part, this is the result of the already mentioned new trends, focused on the care of a healthy lifestyle, fashion for spa & wellness services or the need to take anti-stress and slimming treatments. However, the current increase in interest in spa services is largely due to demographic changes. The growing number of older people and the forecast of a further increase in the number of post-working age people is not without significance for all establishments supporting sick and old people.

3. Business models and factors stimulating the formulation of business models of a spa enterprise

The organizational and ownership transformation of Polish spa enterprises often has consequences in terms of the need to change the business model used or at least update its components. The author's observation shows⁹ that the majority of contemporary business models of spa enterprises still function in the organizational schemes dominating at the turn of the 20th and 21st century, in which the main role of the health resort enterprise was to achieve social goals created by the state. Changes in both the state health system in 1999 and the ownership structure of spa enterprises in 2005-2016 impose the need to change the perception of this activity. Although the socio-economic role should be maintained, changes that seem necessary should be aimed at changing the main objective of this type of activity. In the twentieth century, the dominant (and often the only) goal was the social goal of realizing the pro-health role of the state. It was possible thanks to full financing of spa activities from the state budget. The turn of the 20th and 21st centuries resulted in the loss of central financing and the necessity of raising funds for operations by obtaining contracts with a domestic insurer (Kasa Chorych, and then the National Health Fund). After all, the ownership changes of spa enterprises, consisting in their privatization, made them essentially individuals oriented mainly to profit, realizing social goals in a limited scope.

⁸ A. Szromek, I. Gąsior, *Historyczny kontekst działalności uzdrowiskowej w Polsce* [w:] A.R. Szromek (red.), *Uzdrowiska i ich funkcja turystyczno-lecznicza*. Kraków : Wydaw. Proksenia, 2012, s. 15-34.

⁹ A. Szromek, *Organizacja turystyki uzdrowiskowej i lecznictwa uzdrowiskowego*. Wyd. Politechniki Śląskiej, Gliwice 2017, s. 67-113.

The model view of the development of a specific phenomenon serves several theoretic-cognitive purposes. Simplified mapping of the reality of the phenomena development and causal links between elements affecting the studied phenomenon, allows to understand its nature and use this knowledge both in the descriptive and prospective aspects.

Analyzes of business models made in the literature indicate their diversity in the subject matter¹⁰. They are defined as a synthetic description of the nature of a business¹¹ or as a business tool¹², an image of relationships that take place between constituent elements that lead to the creation and appreciation of values by an organization¹³, etc.

Determinants of creating new business models are discussed in scientific papers i.e. B. Borusiak¹⁴, P. Dobski¹⁵ and P. Drygas¹⁶. They note that among the factors stimulating entrepreneurs to develop a business model, we mention **the globalization of the economy, the behavior of competitors, social changes, new information technologies and the trend to cross the boundaries of the sector**. It seems that in the case of the spa sector, individual factors will have a varied impact on business modeling.

Even at the end of the 20th century, the importance of the national tourist market to shape arrivals to health resorts was crucial, and now this market is at least European (although even outside the area of European Union). For this reason, globalization of the economy will have an important role, including processes of flows and exchanges within the global market, not only national market. It should be emphasized that while tourist traffic in health resorts is still limited mainly to domestic travel, the share of foreigners among spa guests is increasing, and even in the holiday season, even dominant. Frequently heard foreign language visitors

¹⁰ J. Magretta, Why business models matter? Harvard Business Review, 80, 5, 2002, p. 86–92. D. Teece, Business models and dynamic capabilities, Long Range Planning, 2017, p. 1-10. C. Battistella, A. Toni, G. Zan, E. Pessot., Cultivating business model agility through focused capabilities: A multiple case study, Journal of Business Research 73, 2017, p.65-82. D. Teece, Business models and dynamic capabilities, Long Range Planning, 2017, p. 1-10. s. 2. S. Prendeville, N. Bocken, Sustainable Business Models through Service Design, Procedia Manufacturing 8, 2017, p. 292-299. M. Geissdoerfer, P. Savaget, S. Evans, The Cambridge Business Model Innovation Process, Procedia Manufacturing 8, 2017, p. 262-269. W. Johnson, C. Christensen, H. Kagerman, Reinventing Your Business Model, Harvard Business Review, 1996, p. 57-68. s. 60. B. Rusu, The Impact of Innovations on the Business Model: Exploratory Analysis of a Small Travel Agency, Procedia - Social and Behavioral Sciences 221, 2016, p. 166-175. s. 168.

¹¹ J. Magretta, Why business models matter? Harvard Business Review, 80, 5, 2002, p. 86–92.

¹² D. Teece, Business models and dynamic capabilities, Long Range Planning, 2017, p. 1-10.

¹³ C. Battistella, A. Toni, G. Zan, E. Pessot., Cultivating business model agility through focused capabilities: A multiple case study, Journal of Business Research 73, 2017, p.65-82.

¹⁴ B. Borusiak, Determinanty tworzenia nowym modeli biznesu w handlu detalicznym - globalizacja gospodarki [w:] M. Sławińska (red.) Modele biznesu w handlu detalicznym. Wyd. UE w Poznaniu. Poznań 210, s. 49. B. Borusiak, Determinanty tworzenia nowym modeli biznesu w handlu detalicznym – zachowania konkurentów [w:] M. Sławińska (red.) Modele biznesu w handlu detalicznym. Wyd. UE w Poznaniu. Poznań 210, s. 62. B. Borusiak, Determinanty tworzenia nowym modeli biznesu w handlu detalicznym – trend do przekraczania granic branży/sektora [w:] M. Sławińska (red.) Modele biznesu w handlu detalicznym. Wyd. UE w Poznaniu. Poznań 210, s. 72.

¹⁵ P. Dobski, Determinanty tworzenia nowym modeli biznesu w handlu detalicznym – przemiany społeczne [w:] M. Sławińska (red.) Modele biznesu w handlu detalicznym. Wyd. UE w Poznaniu. Poznań 210, s. 54.

¹⁶ P. Drygas, Determinanty tworzenia nowym modeli biznesu w handlu detalicznym – nowe technologie informacyjne [w:] M. Sławińska (red.) Modele biznesu w handlu detalicznym. Wyd. UE w Poznaniu. Poznań 210, s. 64.

of Polish border health resorts undoubtedly significantly affect the creation of an appropriate business model, if only because of the important segment of foreign recipients who are eager to visit spas in Poland.

Particularly noteworthy is the reliance on social changes, which include both demographic changes, i.e. an increase in the share of older people in European society, but also changes in needs in the field of prevention and health protection. The spa product should be subject to reevaluation in its structure, both in terms of the product core as well as the basic, extended and potential product.

In the aspect of changes in the behavior of competitors, it is worth separating two approaches to this problem. On the one hand, the business model of spa enterprises should be a response to the aggressive market strategy of companies having their source in health resort treatment - it's about different types of spa & wellness salons and massage salons, or a beauty clinic. On the other hand, one should take into account the market behavior of establishments providing the same type of services in the same health resort or in the same group of health resorts. Thus, the business model should have common (universal) elements related to the response to competition activities and own conduct towards competitors. It is also necessary to develop such elements of the model that will counteract direct competition and create an individual competitive advantage.

An additional, and at the same time no less important factor is the reorganization of spa services, both in the aspect of treatment's reorganization of patients by means of optimization methods, as well as resegmentation of spa services, the method of financing services and, at the same time, securing basic social needs in the field of health protection.

Previous business models were based mainly on the dominant role of insurers (NFZ, ZUS, KRUS, PFRON), who were the main payers for services, but not the recipients of these services. The spa enterprises were responsible for the execution of the services ordered before the payers, and not from the direct recipient (bather), although he was also the purchaser of social insurance. Therefore, the business model included a B2B (Business-to-Business) or B2A (Business-to-Administration) relationship¹⁷. The contemporary model of spa business should be focused on B2C (Business-to-Customer) market dependence, creating first and foremost value for the final customer, instead of the insurer (which was not always unambiguous). The relationship of the spa facility with the group insurer (NFZ) took into account the direct recipient, but it had a marginal role because, being not a direct payer, it had a limited impact on the quality and reliability of the service. Thus, a specific paradox arose in which the insurer acting on behalf of the payer (custodian), adopting the principle of equal treatment of all insured, began to assign contracts to those institutions that offered the possibility of staying at the lowest costs (prices), and at the same time low-standard services.

¹⁷ P. Grefen, *Mastering e-Business*. Routledge; 1 edition, 2010, pp.16-32.

Spa visitors who do not agree to long queues and low standard can use the spa services only by financing their own stay. As a consequence, this situation turned out to be very beneficial for spa establishments, because the offer addressed to individual private customers was of a higher standard at higher service prices. This results in the division of the patients into those for which the insurer (lower standard) paid and self-financing their stay (higher standard).¹⁸

Managers noticing that such a situation is more advantageous for them, and at the same time legally allowed (since 2005, when the *Act on spa treatment, health resorts and spa protection areas and spa communes* was passed¹⁹), in the summer periods reduce the contractual possibilities with insurers for the possibility of accepting more private consumers. Although such action should be considered justified from an economic point of view, it also limits the possibility of achieving social goals for economic reasons, contradicting the basic objective of Health Care Facilities, which are also spa facilities. Therefore, there is a huge discrepancy between the contemporary approach of the state and society to spa services, and the characteristics of individual components in business models used in spas.

4. The structure of business model in the spa enterprise

The framework structure of the business model proposed by A. Ostelwalder and Y. Pigneur²⁰ includes nine components, grouped into four areas of business activity, i.e. customers, offers, infrastructure and proper financial position. The whole structure allows you to illustrate values (by analyzing the right side of the structure) and performance (by analyzing the left side of the business structure). The structure of the business model is illustrated by (1) customers' segment, being the axis of each business model, (2) proposals of values for selected customers' segments, (3) communication channels between the defined elements, (4) relations with customers, (5) revenue streams, (6) key resources, (7) key activities, (8) key partners, (9) cost structure, meaning all the costs related to the execution of the defined business model. The analysis of the structure of business models observed at the turn of the 20th and 21st centuries is depicted in Table 1, while the new approach to this structure is presented in Table 2.

¹⁸ A. Szromek, *Organizacja turystyki uzdrowiskowej...*, op.cit., s. 84.

¹⁹ Ustawa z dnia 28 lipca 2005 r. o *lecznictwie uzdrowiskowym, uzdrowiskach i obszarach ochrony uzdrowiskowej oraz o gminach uzdrowiskowych* (Dz.U.2005, Nr 167, poz. 1399).

²⁰ A. Osterwalder, Y. Pigneur, *Tworzenie modeli biznesowych. Podręcznik wizjonera*, Helion, Warszawa 2012, p. 48

It is worth paying attention to the simplicity of the business model structure elements that took place in Polish spa enterprises in the last years of the 20th century and in the first decade of the 21st century (Table 1).

Table 1.

Structure of the business model of a spa enterprise from the period of economic transformation of the spa services sector in Poland

The old structure of the business model of a spa enterprise				
<p>Key partners</p> <ul style="list-style-type: none"> – suppliers of medicinal and gastronomic raw materials – catering outsourcing and some treatments (swimming pool) 	<p>Key activities</p> <ul style="list-style-type: none"> – spa treatment (diagnostics, curative program, treatment, education) – accommodation and catering services 	<p>Proposals of values</p> <p>The core of a spa product:</p> <ul style="list-style-type: none"> – maintaining / improving health with natural medicinal substances – rest in a place with healing influence of the climate 	<p>Relations with customers</p> <ul style="list-style-type: none"> – bather, as a ‘hospital patient’ – health and physical safety <p>Communication channels</p> <p>The health resorts patients:</p> <ul style="list-style-type: none"> – media (TV, RTV, local press) – leaflets, folders 	<p>Customers’ segment</p> <p>Consumers:</p> <ul style="list-style-type: none"> – directed, without referral (old division) – bathers, tourists, mixed
<p>Cost structure</p> <ul style="list-style-type: none"> – costs of natural resources – hotel and catering costs – media consumption costs – costs of naturopathy treatments – medical care costs – administrative costs 	<p>Revenue streams</p> <p>Sources:</p> <ul style="list-style-type: none"> – insurers (NFZ, ZUS, KRUS, PFRON) – individual and group spa visitors <p>Values:</p> <ul style="list-style-type: none"> – spa treatment and its program (treatments, diagnostics and medical care) <p>Price mechanisms:</p> <ul style="list-style-type: none"> – for individual and group customers (list price) – for contract customers (negotiations, resource management) 			

Source: Own study based on the A. Osterwalder and Y. Pigneur business model template (A. Osterwalder, Y. Pigneur, Tworzenie modeli biznesowych. Podręcznik wizjonera, Helion, Warszawa 2012, p. 48).

Noticeable are quite important elements that stand out from modern civilization standards, that is the universality of electronic media in communication with the client. This applies to both outdated channels of communication with the client or the relationship to the customer who is not a direct payer. Treating clients as a hospital patient brought about very serious image consequences related to the language of communication in the *hospital patient - health service* relationship, consenting to nuisances related to hospital and sanatorium treatment, the patient's mood, which treated the trip as a necessity, not rest, etc. Among related shortcomings with elements of the previous structure of business models,

one should note, among others no offer of free time, mutual integration through the animation of free time in sanatoriums and spa hospitals. Significant weaknesses also included natural therapy programs based on traditional, though sometimes outdated methods of outpatient treatment, as well as on the plans of offered treatments not taking into account the seasons of patients' meals or the order of treatments so that they would be most effective for the consumer. This weakness resulted mainly from the fact that the consumer's satisfaction from the treatment was not taken into account due to the imbalance of demand over the supply of treatments financed by insurers and the lack of direct contact with the consumer and his needs.

In contrast, the new approach to the structure of the business model is the response to the perceived needs in each of the discussed components (Table 2). And so, in the case of key partners, the need for cooperation with competitors from the same region is noticed, eg in order to reduce the costs of promoting the region's spa character. Joint therapeutic programs based on intra-sector cooperation may also be important. At the same time, it is an innovation that meets the needs of patients who prefer to change their place of treatment as part of the same stimulus action²¹. An important element of this component is also the possibility of building a cooperation network between spa competitors (both direct and indirect in the field of complementary and substitutive products).

The key activities should be supplemented with services that extend the spa treatment, ie tourism services, leisure time animation, but also the introduction of accommodation optimization methods (lowering hotel costs) and the implementation of therapeutic treatments (which in turn should improve consumer satisfaction). It is also necessary to extend the spa offer with spa & wellness services, which until now were usually organized by local entrepreneurs to a small extent.

Key resources require constant training of the treatment staff and creating databases of existing and potential clients, which are worth reaching with the offer or recalling the emotions that accompanied them during their previous stay.

²¹ The stimulus effect is described by T. Kozłowska-Szczesna, *Bioklimat polskich uzdrowisk*, [w:] *Uzdrowiska polskie: Informator*. A. Madeyski (red.), Izba Gospodarcza „Uzdrowiska polskie”, Warszawa 1999, s. 20.

Table 2.
A new structure of the business model of a spa enterprise

A new structure of the business model of a spa enterprise			
<p>Key partners</p> <ul style="list-style-type: none"> - suppliers of medicinal and gastronomic raw materials - outsourcing of gastronomy, treatments (swimming pool), entertainment - cooperation between competitors (advertising) - intra-sector cooperation (mobile treatments) - developing a model of cooperation network with direct and indirect competition 	<p>Key activities</p> <ul style="list-style-type: none"> - spa treatment (diagnostics, program, treatment, education, health effect) - spa & wellness and sport services - accommodation and catering services. - tourist services (trips, tourist information) - optimization of activities - additional services (cosmetic, sports, special) - transportation services 	<p>Proposals of values</p> <p><i>The core of a spa product:</i></p> <ul style="list-style-type: none"> - maintaining / improving health with natural medicinal substances - rest in a place with healing influence of the climate - achieving the effect of treatment (relaxation, beauty, better beauty, weight loss, improvement of fitness and sports results, etc.) - cognitive, cultural and religious impressions obtained by practicing various forms of tourism 	<p>Customers' segment</p> <p>Consumers:</p> <ul style="list-style-type: none"> - directed, without referral (old division) - decisive, not decisive - returning, not returning - wealthy, poor - commercial / contract - treatment, prophylaxis, beauty, sport, relaxation - internet, traditional channels - bathers, tourists, mixed <p>Institutions:</p> <ul style="list-style-type: none"> - plants requiring frequent regeneration of employees - sports clubs and associations - therapeutic groups and support groups - nursing homes for the elderly
<p>Key resources</p> <ul style="list-style-type: none"> - physical (spa infrastructure, ie sanatoria, spa hospitals, health clinics, physiotherapy, spa facilities, tourist infrastructure, sports infrastructure, gastronomic infrastructure) - financial (income from contracts, individual stays, subsidies) - intellectual (brand, knowledge, cooperation agreements, databases) - human (medical services) 		<p>Relations with customers</p> <ul style="list-style-type: none"> - bather, as a 'guest' -B2C relations - health, physical, emotional, (psychological, spiritual) safety - emotional bond (photos, videos, animation, tours) - transport (door to door) - childcare <p>Communication channels</p> <p><i>The spa patients</i></p> <p>A. existing:</p> <ul style="list-style-type: none"> - communication supporting the relationship <p>B. potential:</p> <ul style="list-style-type: none"> - outpatient clinics and clinics (ZOZ) - media (TV, RTV, local press) - leaflets, folders - internet, websites, social media - promotional programs showing the effects of treatment - travel agencies, tour operators 	<p>Revenue streams</p> <p>Sources:</p> <ul style="list-style-type: none"> - contracts with insurers (NFZ, ZUS, KRUS, PFRON), sports organizations, individual and group health, entrepreneurs <p>Values:</p> <ul style="list-style-type: none"> - spa treatment and its program (treatments, diagnostics and medical care) - satisfaction from accommodation, food and information - quality of spa & wellness, sport and recreation offer - availability of tourist attractions - detachment from the harmful factors of civilization <p>Price mechanisms:</p> <ul style="list-style-type: none"> - for individual and group customers (list price, price depends on the product's characteristics, price depends on the market segment, price depends on the transaction volume) - for contract customers (negotiations, resource management, price depending on the transaction volume)
<p>Cost structure</p> <ul style="list-style-type: none"> - costs of natural resources - hotel and catering costs - media consumption costs - animation, entertainment and education costs - costs of naturopathy treatments - medical care costs - transport costs - administrative costs - costs of maintaining the natural infrastructure 			

Source: Own study based on the A. Osterwalder and Y. Pigneur business model template (A. Osterwalder, Y. Pigneur, Tworzenie modeli biznesowych. Podręcznik wizjonera, Helion, Warszawa 2012, p. 48).

The proposition of the value offered by the spa company to its recipients is particularly changed. It is no longer a properly carried out treatment along with accommodation and catering services. The value for the client is also intangible assets that exceed the health effects. Often, spa patients want to take advantage of tourist attractions seeking positive cognitive, cultural and religious experiences as well as religious ones. Some market segments will still expect other values, eg in the form of the availability of spa facilities (spa parks and pump rooms) and paths and tourist routes used for sports and tourism purposes. An important element extending the spa offer are services that improve the figure (slimming treatments) and beautifying (cosmetic treatments), as well as specialized psychophysical treatments (de-stressing treatments).

Necessary changes also result in additional costs, for example in the area of financing additional elements of a spa product, but also the costs of caring for the brand and the image of a spa enterprise.

Building a lasting relationship with the patients requires a change in the attitude of the spa plant employees to those undergoing treatment. The patient's treatment as a patient to date raises a lot of controversy, especially when he comes to the spa not only for health purposes. The attitude of the staff should be directed towards hospitality, and thus the treatment of patients as guests (welcome and expected). It is also a solution, the effect of which will also be visible in the income of the spa facility.

Perhaps it is also necessary to introduce a transport solution 'from door to door', that is, offering the possibility of a comfortable transport of the patient from the door of the house to the sanatorium's door and in the opposite direction. The necessity of this innovation is seen in limiting stress factors among patients, and at the same time increasing the satisfaction of the whole treatment at low own costs.

Some segments of the recipients will require additional benefits to approximate the spa offer. These will be, for example, care services over minor children, so that their mothers can participate in the treatment without interrupting them.

Also communication channels with the client will have to take into account the progress of civilization, because nowadays people aged 60+ often very efficiently use both social media and electronic communication tools (e-mail, Skype, etc.). An important structural change is the increasingly common acquisition of treatments by travel agencies. However, it is important to normalize this type of channel for the medical refinement of the treatment page. In many cases it is also necessary to re-educate general practitioners in the field of offering spa treatments in direct contact with the patient after his diagnosis.

The re-segmentation of the market of recipients of spa services requires rethinking several criteria that may play a significant role in identifying key segments. An important issue is not only the method of financing the stay of the patient, but also the awareness of his choice of place and time of stay in the spa, as well as the length of treatment (which, however, should not be shorter than 21 days). An important factor will also be the purpose of arrival,

as well as the practice of returning to the same place or experience in taking spa treatments. The necessity of segmentation will also result from changes in the types of the spa company's relationship with the patient. The contemporary spa business model should be focused on B2C (*Business-to-Customer*) market dependence, creating first and foremost value for the client, instead of the current orientation of the business on the B2B (*Business-to-Business*) or B2A (*Business-to-Administration*) relationship), referring to direct payers (insurers).

The proposed changes also bring about the transformation of the type and significance of individual streams of revenues in spa enterprises. The increased popularity of this form of treatment combined with leisure and the increase in the number of elderly people, while limiting or maintaining the level of financing spa treatment from the sources of the National Health Fund, will give rise to the need to self-finance patients or to send their employees for regeneration of their mental and physical strength. This, at the same time, will affect the new price mechanisms that spa enterprises will have to work out to raise their efficiency.

5. Conclusions

The changes that have taken place in Polish spas in the last three decades also force change of business models of spa enterprises, regardless of whether such models have been described and formulated in a formal way or not. Analysis of literature reports and many years of author's observations undertaken for the initial assessment of the development of spa enterprises incline not only to make conclusions, but also to formulate solutions. The proposed changes in the structure of the modern business model for spa enterprises include innovations in all business components. Structural changes in business models of spa enterprises in the field of key components should concern both the area of efficiency of business operations and creation of value for the client.

The key changes that have been formulated in the article based on the diagnosis of the history of tourist traffic in health resorts in the last three decades include the need to re-characterize the processes and relationships taking place in relation to the patient, because it is social changes, followed by the reorganization of services in this sector limiting the achievement of competitive advantage. The contemporary spa business model should be more focused on the B2C market dependency (*Business-to-Customer*), creating first of all value for the client in the form of new elements of the core spa product. It is therefore necessary to develop a model that will take into account changes in the structure of a spa product and its components, taking into account the needs of new market segments, ie current and potential recipients of spa services.

In conclusion, it is also worth noting that the dynamics of changes taking place in the spa sector prompts an attempt to create a dynamic business model for spa enterprises operating in

a unique spa area. This applies not only to external changes that affect the shape of the components of the business model, but also internal (individual) changes in the form of the effects of the individual phases of the development of the spa area, e.g. in accordance with the Tourism Area Life Cycle concept²². However, this requires a separate analysis that the author intends to take in another article.

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